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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21894

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6374

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5789 Westminister
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5789 Westminister
(If rural, give location)

(e) Citizen of foreign country alien #1634090 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sam Finkelstein

3. (b) If veteran, name war no

3. (c) Social Security No. 492-01-1228

4. Sex male 0

5. Color or race white 1

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Esther Finkelstein

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 18, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	5	hr. min.

9. Birthplace Minsk (City, town, or county) U.S.S.R. 6 (State or foreign country)

10. Usual occupation operator

11. Industry or business ladies coats

FATHER
12. Name Shneir Zalman Leib Finkelstein
13. Birthplace (City, town, or county) U.S.S.R. 6 (State or foreign country)

MOTHER
14. Maiden name Riva (unk)
15. Birthplace (City, town, or county) U.S.S.R. 6 (State or foreign country)

16. (a) Informant Sam Kessler
(b) Address 5783 Westminster

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue

19. (a) JUL 24 1945 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from July, 1944 to July 23, 1945; that I last saw h alive on July 23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage 1

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. Protstein (M. D. or other)

Address Lister Bldg Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.